

HIV/AIDS in Mozambique

A USAID Brief

Mozambique is one of nine African countries hit hardest by the HIV/AIDS epidemic. At the end of 2001, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 1.1 million Mozambican adults and children were living with HIV/AIDS, with an adult prevalence of 13 percent. The number of cases is increasing, with the highest concentration in the center of the country, and the most rapid incidence of new cases occurring in the southern region. Most infections are concentrated along transportation and commerce routes, disproportionately affecting mobile populations (i.e., miners, migrant workers, traders, drivers, and uniformed services) and their partners.

By 2010, life expectancy at birth is expected to drop from 43 to 36 years, rather than increasing to 50 years. According to UNAIDS, approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV. By 2015, infant mortality in Mozambique, already among the highest in the world, is expected to be at least 25 percent higher than what it would have been in the absence of HIV/AIDS. By 2010, an estimated 1.13 million Mozambican children will have lost one or both parents to AIDS, contributing to economic, social, and political instability. HIV prevalence in young women is double that of men in the 15-19 years age group, and quadruple in the 20-24 years age group.

The social and economic isolation of the civil war somewhat protected Mozambique from the HIV epidemic brewing in neighboring countries.

The end of the war in 1992, however, brought an increased vulnerability to HIV/AIDS, fueled by the return of refugees from neighboring countries, the introduction of peacekeeping forces from high prevalence countries, and a marked increase in cross-border trade. Despite significant social and economic gains since the war's end, persistent poverty, high levels of illiteracy, and dynamic rural-urban and cross-border movements have fueled the rapid spread of HIV/AIDS.

HIV/AIDS poses a strong threat to economic development. Projections indicate that the number of economically active persons in 2010 will not be 12.4 million as previously expected, but 10.8 million, with a high proportion of very young or very old workers. This shift is expected to jeopardize Mozambique's ambitious economic growth and poverty reduction goals.

The country's fragile health care system is also threatened. Studies suggest that patients with AIDS may occupy up to 20 percent of rural hospital beds, and the cost of caring for people living with HIV/AIDS will overburden the country's health care system. At the same time, communities in Mozambique are particu-



larly ill-prepared to care for people living with HIV/AIDS.

NATIONAL RESPONSE

In early 2000, the Ministry of Health approved a National Strategic Plan to Combat STDs/HIV/AIDS for 2000-2002. A National AIDS Council (NAC), chaired by the Prime Minister, was subsequently established to coordinate a multisectoral approach to preventing and controlling the epidemic, spearhead non-medical government efforts, and develop budgets and monitoring mechanisms.

The National AIDS Control Program (NACP), located in the Ministry of Health, is responsible for the nationwide health sector response to HIV/AIDS. The NACP promotes and provides condoms, voluntary HIV/AIDS counseling and testing services, and treatment for sexually transmitted infections (STIs). The program also guides development and training in new protocols related to HIV, tuberculosis and malaria; provides training and materials to improve home-based care; coordinates collection and analysis of improved prevalence data; and supports an HIV/AIDS information hotline, managed by the Mozambique Network of AIDS Service Organizations (MONASO).

The National Strategic Plan to Combat HIV/AIDS and STIs, 2000-2002, identifies the following priorities for action:

- Implementation of essential activities to prevent HIV infection, directed toward young people, particularly girls, highly mobile individuals, and sex workers;
- Implementation of essential activities to reduce the impact of HIV/AIDS, aimed at orphans and people living with HIV/AIDS;
- Improvement of the quality and coverage of programs in youth-to-youth education, STI diagnosis and treatment, voluntary counseling and testing, and treatment of opportunistic infections; and
- Implementation of HIV/AIDS activities in the northern, central and southern corridors.

USAID SUPPORT

USAID is the lead donor in HIV/AIDS programming in Mozambique, providing \$6.6 million in HIV/AIDS assistance in FY 2001. The Mission has developed a two-pronged strategy for HIV/AIDS prevention and care, based on the need to 1) increase knowledge, motivation, and skills for HIV risk reduction through behavior change communications and community-based skills training, and 2) increase the supply of HIV prevention services (i.e., condoms, voluntary counseling and testing, and sexually transmitted infection treatment) at the community level. In 2000, an estimated 364,000

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1.1 million
Total Population (2001)	18.6 million
Adult HIV Prevalence (end 2001)	13 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	9.0 %
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	9.9 %

Sources: UNAIDS, U.S. Census Bureau

persons were directly involved in USAID-supported HIV risk-reduction activities.

Components of the USAID program include:

- A nationwide condom social marketing program (USAID-supported condom sales totaled 8.8 million in 2000 and 11.1 million in 2001);
 - Integration of HIV/AIDS prevention and care activities into existing child survival and reproductive health activities in six provinces;
 - A comprehensive and intensive set of prevention and care activities in the Maputo Development Corridor, including an extensive media campaign, community mobilization activities, support to organizations of persons living with AIDS, and a workplace program, complemented by increased availability and quality of voluntary counseling and testing and sexually transmitted infection services;
 - Cross-border coordination to target high-risk groups that move between Mozambique and its neighbors, South Africa and Swaziland;
 - Collaboration with the Centers for Disease Control and Prevention and the Ministry of Health to expand HIV surveillance from five to 36 sites, to strategically disseminate improved data to audiences throughout the country, and to oversee standards for voluntary counseling and testing; and
 - Support to the Government of Mozambique's National AIDS Council to develop and operate a dynamic information clearinghouse on HIV/AIDS-related activities and organizations; to manage international and government funds for these activities; to monitor and evaluate activity success and impact; and to advocate for HIV/AIDS policy and programs.
- An irregular supply of drugs and low condom availability;
 - An extremely low literacy rate (43% of all adults, only 26 percent of adult women), making implementation of effective HIV/AIDS education and behavior change campaigns more challenging;
 - Striking social and economic disadvantages experienced by women;
 - Limited access to basic health care services;
 - Limited capacity of community-based organizations to establish and manage HIV/AIDS programs themselves; and
 - Lack of “visibility” of persons living with HIV/AIDS.

CHALLENGES

According to the UNAIDS, obstacles to an effective response to HIV/AIDS within Mozambique include:

SELECTED LINKS AND CONTACTS

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

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